

STATE OF MICHIGAN  
DEPARTMENT OF MANAGEMENT AND BUDGET  
FACILITIES ADMINISTRATION  
First Floor, Stevens T. Mason Building  
P.O. Box 30026  
Lansing, Michigan 48909

**PROFESSIONAL SERVICES CONTRACT MODIFICATION INSTRUCTIONS**

To modify a professional services contract, fill out (type) the attached form. Facilities Administration will fill out the day authorized. The “Contract Dated \_\_\_\_\_ For Professional Services” is the date of the original contract. The “(    ) Modification” is whether it is the first, second, etc., modification.

Provide a clear, concise, and accurate description of the proposed change of scope at the point marked ● on the title page. Provide the title required for each appendix. Complete Appendix A for each phase of the project affected by the modification. Complete Appendix B only if the modification will require personnel not already included in the contract. Use a separate form, Appendix C-1, for each phase of the project that is affected by the change. Use additional sheets wherever necessary. Examples of the use of these appendixes are a part of each request for proposal.

After filling in the data, make two copies of each page. Then sign the original and the copies in the appropriate places on each page. Original signatures must appear on both the original and the copies to be acceptable. Submit both the original and the copies to the address shown above. A signed copy will be returned to you once the modification is approved by the Director, Department of Management and Budget.



# TASKS

## PROPOSAL/CONTRACT MODIFICATION NUMBER

### ARTICLE I PROFESSIONAL SERVICES

FILE NUMBER	INDEX NUMBER(S)	COMPTROLLER CODE	AGENCY CODE	CONTRACT NUMBER
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PROJECT NAME

FIRM NAME

TASK NUMBER	A. List task number only for any standard or existing task which is part of this work. B. Give detailed description of any new or changed tasks necessary for this work.

SIGNATURE - PROFESSIONAL		DATE		DMB USE ONLY	
				SIGNATURE - PROJECT MANAGER	
				DATE	

APPENDIX A

PAGE \_\_\_\_\_ OF \_\_\_\_\_

# PERSONNEL RATES

## PROPOSAL/CONTRACT MODIFICATION NUMBER

### ARTICLE 2 COMPENSATION

FILE NUMBER	INDEX NUMBER(S)	COMPTROLLER CODE	AGENCY CODE	CONTRACT NUMBER
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PROJECT NAME

NAME OF FIRM AND NAME OF INDIVIDUALS	FIRM'S MULTIPLIER	TITLE OR CLASSIFICATION	DIRECT PAYROLL \$/HOUR RANGE

PROJECT MULTIPLIER RANGE		
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SIGNATURE - PROFESSIONAL		DATE		DMB USE ONLY		DATE	

**COST/BUDGET SUMMARY**  
**PROPOSAL/CONTRACT MODIFICATION NUMBER \_\_\_\_\_**

**ARTICLE 2 COMPENSATION**

FILE NUMBER	INDEX NUMBER(S)	COMPTROLLER CODE	AGENCY CODE	CONTRACT NUMBER
PROJECT NAME				
FIRM NAME				

PHASE				EXISTING CONTRACT	TOTAL PER PHASE THIS CONTRACT MODIFICATION		COMPENSATION NOT TO EXCEED	
100	Study	Personnel Costs	\$	_____	\$	_____	\$	_____
		Reimbursements	\$	_____	\$	_____	\$	_____
					TOTAL		\$	_____
200	Program Analysis	Personnel Costs	\$	_____	\$	_____	\$	_____
		Reimbursements	\$	_____	\$	_____	\$	_____
					TOTAL		\$	_____
300	Schematic Design	Personnel Costs	\$	_____	\$	_____	\$	_____
		Reimbursements	\$	_____	\$	_____	\$	_____
					TOTAL		\$	_____
400	Preliminary Design	Personnel Costs	\$	_____	\$	_____	\$	_____
		Reimbursements	\$	_____	\$	_____	\$	_____
					TOTAL		\$	_____
500	Final Design	Personnel Costs	\$	_____	\$	_____	\$	_____
		Reimbursements	\$	_____	\$	_____	\$	_____
					TOTAL		\$	_____
600	Construction Administration-Office	Personnel Costs	\$	_____	\$	_____	\$	_____
		Reimbursements	\$	_____	\$	_____	\$	_____
					TOTAL		\$	_____
700	Construction Administration-Field	Personnel Costs	\$	_____	\$	_____	\$	_____
		Reimbursements	\$	_____	\$	_____	\$	_____
					TOTAL		\$	_____
800	Supplemental Design	Personnel Costs	\$	_____	\$	_____	\$	_____
		Reimbursements	\$	_____	\$	_____	\$	_____
					TOTAL		\$	_____
		SUBTOTALS	\$	_____	\$	_____		
TOTAL PROJECT COMPENSATION NOT TO EXCEED							\$	

Attach a revised project schedule showing the effect of this modification.

SIGNATURE-PROFESSIONAL	DATE	MULTIPLIER _____	AVERAGE FOR PROJECT _____
SIGNATURE-PROJECT MANAGER	DATE	CURRENT COST \$ _____	PROPOSED COST \$ _____
		\$ _____	CONSTRUCTION PROJECT \$ _____

# PHASE \_\_\_\_ BUDGET DETAIL

PROPOSAL/CONTRACT MODIFICATION NUMBER \_\_\_\_ /PAYMENT REQUEST

FILE NUMBER	INDEX NUMBER (S)	COMPTROLLER CODE	AGENCY CODE	CONTRACT NUMBER	REIMBURSABLES										
DEPARTMENT  PROJECT NAME  FIRM NAME					PURPOSE	AMOUNT									
					\$ _____ * TOTAL										
INDIVIDUAL'S TITLE	TASK/HOURS**										TOTAL	DIRECT WAGE RATE	COST	MULTIPLIER	COST FOR THIS INDIVIDUAL

\*Transfer these amounts to the appropriate columns and phases on Appendix C for proposal/contract modification.\*\*Include all tasks involved in this work.

